



Dear Friends,

If this issue of the newsletter seems weighted with mention of new articles, it is. Amazingly, they represent but a skimming of the many excellent reports that have recently crossed our desk. Research about traumatic memories and false memories flourishes. The trauma-memory argument with which families were confronted has been greatly weakened. A vast amount has been learned in all areas. When is the last time you heard anyone say that proof that abuse happened is that the parents denied it? Yes, that is what thousands of us were told in the early 90s.

Back when the Foundation was formed, parents were told that a special memory mechanism exists that protects trauma memories from the kinds of decay affecting other memories. A study described in this issue adds to the evidence that this is not so. Geraerts and colleagues (p. 4) studied young Croatian war veterans and found no evidence for any mechanisms that are special to traumatic events.

Parents were also told that people commonly repress traumatic memories, that people have amnesia or memory impairments for the events. Porter and Peace (p. 5) found that once again memories of traumatic events are actually more consistent over time than memories of positive emotional events. Based on their careful experiments, in other words, they found that traumatic experiences do not result in memory impairment. Two more studies in this issue challenge other trauma-memory theories.

All these papers adds to the body of knowledge about memory, traumatic memories and false memories. But still the debate lingers on, and still a steady trickle of families are newly accused on no other basis than a claim of recovered repressed memories. Hundreds of families still remain shattered. Belief in the myths of repression are embedded in our culture, our movies, our books. In the United Kingdom, abuse memoirs made up almost 9% of sales in the 100 best-selling paperbacks last year. (p. 15)

Bringing about change in the beliefs of a culture takes more than scientific research. The information has to be disseminated in a meaningful way. It doesn't happen all at once. Recent events in the Netherlands may be instructive.

(p. 7) In 2004, the FMS group in that country disbanded because so many changes in government policy had been made, including reports about the danger of false memories and a cut-back in funding for talk therapies. Three years later, a new government has reversed the funding decisions and millions of Euros have been allocated for trauma centers. What will the therapy in these centers include? Did the Netherlands group disband too soon?

A story from Italy (p. 6) shows us that belief in Satanic Ritual Abuse is still ready to explode when the right conditions arise. But the story also shows that in the judicial system calmer heads than were often found in the early 90s can prevail when "evidence" is required.

A student in Norway has sent us a fascinating story of a case of a new clinic in that country in which people have reported recovering bizarre memories. (p. 8) How did the beliefs in recovered memories reach Norway? Mona Klausen interviewed Svein Magnussen, a professor at the University of Oslo, who explained that such ideas spread to a place like Norway because the professional literature is in English. Being influenced by other theories will happen when one is part of international research communities. "One cannot be vaccinated against influence," he said. However, he also noted that the 15 years of international debate about repressed memories should have had more impact, but "obviously some people are more or less impregnated against knowledge."

Belief in the trauma-memory arguments will likely be with us for some time, but we hope that it will continue to diminish as scientific information filters through the culture. Sometimes those beliefs may seem hidden in different

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terminology. The news from the Netherlands shows that even when we think the concept is lessening in power, it arises elsewhere in only a slightly diluted form. However, your continued vigilance and your letters whenever opportunities arise should help scientific information about memory to spread.

At the time we are writing this letter, Mike Nifong, the district attorney who prosecuted the Duke lacrosse players, has been disbarred and suspended from his job. An FMSF member wrote to say that he “would like to see a discussion of the similarities between Mike Nifong and the many prosecutors who proceeded to prosecute false memory cases with even less so called evidence.” I suspect that thought has occurred to other newsletter readers. On the one hand, it is excellent that justice has been served in this case. On the other hand, it is frustrating for so many families who were harmed in similar rushes to judgment that they have never had the opportunity to clear their names.

Since it began, the FMSF has pointed out injustices with which families accused only on the basis of recovered memories have had to deal. Year after year we mention the new legal precedents that address the memory issues. Many of those decisions have been helpful. The Hungerford decision in New Hampshire was a landmark case for repressed memories in the legal arena.<sup>[1]</sup> It said that there should be a hearing to determine the admissibility of recovered memory evidence. This month, however, the Supreme Court of New Jersey appears to have made a decision that is not helpful.<sup>[2]</sup> They overturned an appeal decision that had stated: “A case based on repressed memories cannot be submitted to a jury without expert testimony diagnosing the alleged victim as having dissociative amnesia and explaining and justifying the concept that repressed memories can be accurately recalled.” (p. 12)

FMSF families are not the only people who have been treated unfairly. Gary Schons’ book review of *Convicting the Innocent* by Donald Connery, in the May, 1996 *FMSF Newsletter*, is a good place to start thinking about the problem. Schons, a California prosecutor, suggested various legal and social factors contributing to prosecutorial zeal. He argues that active citizen involvement is crucial to ensuring justice.

An example of active citizen involvement focused only on the justice system is the Innocence Project. Using DNA evidence, that group has freed over 200 people from prison and demonstrated unequivocally the need to make changes in that system. For those who are inclined to work in this area, the project’s web site offers many opportunities. (<http://www.innocenceproject.org/fix/>). Innocence Projects have formed in every state, in Canada, Australia and Germany. One has just been formed in New Zealand and memory researcher Maryanne Garry is a member of the

board. The National Center for Reason and Justice (NCRJ) is another citizen organization, but it focuses on publicizing cases of wrongful sex-abuse convictions. The web site of that group makes for upsetting reading. A recent posting about Ryan Smith who was accused at age 13 and who has been in custody for 10 years is worth reading. It is helpful for keeping a perspective on FMS cases. (<http://www.ncrj.org/Ryan/Index.html>)

Each year, the Board of Directors of the FMS Foundation meets to discuss whether the time has come to reduce the activities of the Foundation. Given the sorts of events that are still taking place, the FMSF Board members decided in May that the Foundation is still needed through 2008.

**Pamela**

1. *State v. Hungerford*, 142 N.H. 110 (1997)
2. *Phillips v. Gelpke* (A-1-2006) Sup. Ct. NJ, A-1 September Term 2006. Argued Nov. 13, 2006 – Decided May 17, 2007



### **New Families Need Your Help**

Several families new to the Foundation have expressed an interest in purchasing *Second Thoughts* by Paul Simpson. Unfortunately, even the few that were available on Amazon have now gone. Although we have located copies on bookfinder.com and addall.com, some of the prices are over \$100.

If you have a copy of this book, perhaps you would consider passing it on. You could either make it available on Amazon yourself, or you could send it to the FMSF and we would give it to a new family who wants to read that book.

Thank you for your help.

### **Foundation Audit**

We have received the audit for the fiscal year March 1, 2006 to February 28, 2007 as provided by Goldenberg Rosenthal, LLP, the CPA firm that audits the books and financial statements of the Foundation. The Foundation spent \$230,000 in the fiscal year, of which 83% went to program activities, 16% went to management of the office, and 1% went to fund raising.

“We know that memory does not get better with the passage of time.”

Wells, G.L. (2007, May 15). Let’s go to the tape recording. Nassau DA’s plan to tape police witnesses of shootings is a good idea because first impressions are best. *Newsday.com*. Retrieved from <http://www.newsday.com/news/opinion/ny-opwell55213068may15,0,1698360> on May 15, 2007.

## Corroboration of Continuous and Discontinuous Memories of Childhood Sexual Abuse

Geraerts, E., Schooler, J.W., Merckelbach, H., Jelicic, M., Hauer, B.J.A., Ambadar, Z. (2007, July, in press). The reality of recovered memories: corroborating continuous and discontinuous memories of childhood sexual abuse.

*Psychological Science*, 18 (7)

Are recovered memories necessarily true or false? Some people have claimed that they completely forgot child sexual abuse but then recalled it years later. How accurate are these memories? The authors of this study noted that while the debate on this issue has gone on for many years, little is really known about whether continuous and discontinuous memories of child abuse differ in the likelihood of being corroborated. They conducted a study to see if there were indeed any differences. This work is part of an ongoing research project on discontinuous memories.

The researchers advertised in newspapers for subjects and 71 people with continuous memories and 57 with discontinuous memories formed the subject groups. They were interviewed and two independent raters attempted to find corroboration for the allegation. For purposes of the study, "corroboration" was determined if a) another person said that he or she learned of the abuse soon after it occurred; b) another person reported being abused by the same alleged perpetrator; or c) a person reported that he/she had committed the abuse.

The people with discontinuous memories fell into two categories: those who recovered their memories outside of therapy and 16 who recalled the abuse while in therapy. The recalled-in-therapy and recalled-out-of-therapy groups did not differ with respect to a host of variables that could in principle contribute to differences in corroboration rate. They did, however, differ in one way that related to corroboration.

Subjects who reported recovering memories outside of therapy indicated that they were surprised about the memories, whereas those who recovered them in therapy did not seem surprised. "This finding is what would be expected if expectations of recovering long-lost memories are shaped during therapy and lead clients to recall unfounded memories."

People with continuous memories of childhood sexual abuse and people with discontinuous memories that were unexpectedly recalled outside therapy were more likely to have their memories corroborated than those with discontinuous memories recovered in therapy. For the continuous memory group the frequency of corroborative evidence was 45% and for the recalled-out-of-therapy group it was 37%. No corroboration, however, could be found for any of the 16 people who recovered their memories in therapy.



## Betrayal Trauma Theory Challenged

Devilley, G.J., et al. (2007). Dissociative tendencies and memory performance on directed-forgetting tasks. *Psychological Science*, 18(3), 212-217.

McNally, R.J. (2007). Betrayal trauma theory: A critical appraisal. *Memory*, 15(3), 280-294.

Two recent articles challenge the theory of "betrayal trauma." Betrayal trauma theory is an explanation for the claim that individuals develop amnesia for traumatic events such as sexual abuse. The theory was developed by Jennifer Freyd, and suggests that a special mechanism is activated when the perpetrator of the abuse is a caretaker of the child. According to the theory, the child must mentally escape awareness of the abuse because the child is dependent on the caretaker for his or her survival. By blocking out the memories, the child can maintain an attachment to the person on whom he or she is dependent.

Writing in *Psychological Science*,

Grant Devilly and colleagues say that they have been unable to replicate the results of experiments that DePrince and Freyd (2001, 2004) have said showed that people who report childhood sexual abuse have increased difficulty remembering trauma and an increased risk of developing posttraumatic stress disorder. They note: "our results are not consistent with the view that dissociation is a protective mechanism whereby emotive memories following trauma become inaccessible through 'repression' and that later recall of those memories is accurate." In the same issue, DePrince, et al. respond to Devilly's criticism and then Devilly replies to them.

In an article in *Memory*, Richard McNally provides an empirical and conceptual critique of betrayal trauma theory. First, he analyzes the general research that has been claimed to support the theory; next, he examines research that has been inspired by the theory; and lastly, he describes conceptual problems with the theory. He notes that "there is no convincing evidence that children are *incapable* of remembering their abuse—develop genuine *amnesia* for it—shortly after their molestation." McNally offers an alternative explanation for why some people might not think about their abuse for many years, only to remember it later. He writes that one need not assume that a child must develop amnesia for the abuse but could simply not disclose it. In the same issue, Freyd et al. defend betrayal trauma theory.

The series of articles is an interesting example of the way in which science progresses and, in particular, the way in which peace may ultimately come to the "memory wars."

Devilley, G.J., et al. (2007). Dissociative tendencies and memory performance on directed-forgetting tasks. *Psychological Science*, 18(3), 212-217.

DePrince, A.P., Freyd, J.J., Malle, B.F. (2007). A replication by another name: A response to Devilly et al. *Psychological Science*, 18(3), 218-219.



Deville, G.J., Ciorciari, J. (2007). Conclusions in science when theory and data collide. *Psychological Science*, 18(3), 220-221.

Freyd, J.J., DePrince, A.P., Gleaves, D.H. (2007). The state of betrayal trauma theory: Reply to McNally—Conceptual issues and future directions. *Memory*, 15(3), 295-311.

McNally, R.J. (2007). Betrayal trauma theory: A critical appraisal. *Memory*, 15(3), 280-294.



### **An Encouraging Sign**

Cloitre, M., Cohen, L.R. and Koenen, K.C., 2006. *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life*. Guilford: New York.

Many books have been written over the years as guidelines for therapists treating survivors of abuse. A recent addition to this category was brought to our attention and it is interesting to consider the differences between this book published in 2006, and those of a decade or more ago that encouraged recovery of memories.

*Treating survivors of abuse* discusses procedures for the treatment of abuse survivors. The treatment described by Cloitre et al is primarily based in cognitive behavioral therapy. When the authors tested the treatment in a clinical trial, they included only clients with at least one continuous memory of physical or sexual abuse. And while the treatment model described in this book is for both physical and sexual abuse survivors, there is some discussion specifically of childhood sexual abuse.

Issues surrounding recovered memories are discussed in the context of “special challenges of childhood abuse treatment.”(p.87) One such challenge is the client who searches for corroboration of recovered abuse memories. Cloitre et al. believe that the therapist’s role in this process is to help the client explore what she hopes to gain from external corroboration, to explore how the client will go about getting corroboration and to help the client understand the consequences of getting or not getting corroboration. (p.89). The authors mention that the

client may have to accept ambiguity as part of the therapeutic process.

Another challenge to the clinician is the desire on the part of the client to confront the abuser (notice that Cloitre et al. are not encouraging confrontation but discussing the possibility of confrontation being raised by the client.) Again, Cloitre et al. maintain that the therapist’s role here is in helping the client understand the reasons for and the consequences of confrontation, and then the planning if the client chooses to proceed.

There is a sprinkling in *Treating survivors of abuse* of references to theories rooted in Freudian thinking and of jargon and theories from the recovered-memory movement, but in general, this book promotes balanced thinking and practice. Clearly progress has been made since the early days of the Foundation.



### **Another Blow for the Trauma-Memory Argument**

Geraerts, E., et al. (2007). Traumatic memories of war veterans: Not so special after all. *Consciousness and Cognition* 16, 170-177.

This article strikes another blow at the trauma-memory argument, the notion that traumatic memories have special properties that make them different from ordinary memories and that involve mechanisms that are not related to general memory functioning.

In order to test the assumptions of the trauma-memory argument, the authors studied 121 Croatian war veterans who had had combat experience in the early 1990s in the Balkan wars. They were all relatively young which avoided confounding from the effects of cognitive aging. All veterans met the criteria in the *DSM-IV* for having experienced traumatic events. Trained clinicians interviewed the veterans individually and gave a series of open-ended questions.

The analysis of the interviews showed that the veterans’ memories for

traumatic events and their memories of neutral events were equally stable. The two types of memories were also comparable with respect to sensory characteristics. Neither did the authors find evidence for frequent intrusions or flashbacks. Only a minority reported that they had nightmares or flashbacks several times a week or more.

The findings “do not support the existence of *special* memory mechanisms that are unique to traumatic events.”



### **Frequency of Reports of Flashbacks Changes Over Time**

Jones, E. et al. (2003). Flashbacks and post-traumatic stress disorder: The genesis of a 20<sup>th</sup>-century diagnosis. *British Journal of Psychiatry*, 182, 158-163.

The authors aimed to explore whether post-traumatic stress disorder (PTSD) is a culture-bound syndrome by examining the prevalence of “flashbacks” over time in soldiers who had been subjected to intense combat stress. Flashbacks are considered one part of the symptom cluster for PTSD. If PTSD existed before it had been formally classified as a disorder, one would expect flashbacks to be described in the past.

Using United Kingdom war pension files that contained detailed medical and military reports, the authors examined a random selection of servicemen who had fought in wars from 1854 to the present and who had been awarded pensions for post-combat disorders. Because the term “flashback” did not exist during the earliest wars, the authors re-evaluated the descriptions. They chose to focus on flashbacks because other core symptoms of PTSD could also be found in other disorders.

The researchers looked at 1,856 cases and identified post-combat disorders such as “shellshock” for the First World War and ‘disordered action of the heart’ for the Boer War. Because

pensioners were required to attend regular medical boards to assess their disability, there were records for 5-10 years after discharge.

The analysis showed that “flashbacks were virtually non-existent before the First World War and were still rare during the Second World War.” The authors note that although “visual hallucinations and other perceptual abnormalities were widely recorded for psychotic states” they were rarely mentioned as part of the post-combat symptoms. They also noted that symptoms of intrusion and avoidance, which are critical to the concept of PTSD, were not frequently mentioned in the earlier records.

The authors believe that the results of their study support the interpretation of PTSD as a “contemporary culture-bound syndrome whose expression has been influenced by powerful undercurrents, including technological advances in broadcasting traumatic events and a wider appreciation of psychological processes.”



### **Potentially Harmful Therapies**

Lilienfeld, S.O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, 2(1), 53-70.

Until recently, psychologists have not paid much attention to treatments that might be harmful. The author notes that this neglect contrasts with the great media and scientific interest in drugs and medicines that might prove harmful. Unfortunately, there is no psychology equivalent to medicine's Food and Drug Administration that can conduct tests and look at the safety of novel treatments. Lilienfeld argues that this means that psychology must police itself and that up until now, it has generally been unwilling to do so.

The author notes that it is very important to consider harmful treatments because the ethical code for psychologists states that clinicians are not

supposed to use treatments that put clients at risk of deterioration. Unless clinicians are aware of such practices, they cannot fulfill their ethical obligations.

In this article Lilienfeld reviews the status of potentially harmful therapies, discusses the criteria for identifying them, and looks at where future investigations might go. He also identifies a provisional list that includes both “recovered-memory techniques” and “dissociative identity disorder (DID)-oriented therapy.

Lilienfeld writes that currently the field of psychology has placed almost exclusive effort on finding “empirically supported therapies.” He believes, however, that the field should instead prioritize its efforts toward identifying “potentially harmful therapies.” That would enable clinicians to avoid using such practices.

Lilienfeld argues that researchers and psychotherapists should make a deliberate attempt to become more familiar with fringe and fad treatments. He writes that it is tempting to turn a blind eye to them because it is easy to think that they do not merit serious consideration. The problem with that approach, however, is that it can be detrimental to the welfare of clients and thus abrogates the fundamental ethical concern of doing no harm.

FMSF Newsletter readers will surely welcome this concern for potentially harmful therapies.



### **Memories of Traumatic Events More Consistent Over Time than Memories of Positive Emotional Events**

Porter, S. & Peace, K. (2007). The scars of memory: A prospective, longitudinal investigation of the consistency of traumatic and positive emotional memories in adulthood. *Psychological Science*, 18(5), 435-441.

What is the impact of trauma on memory? Do traumatic experiences affect memory differently from the

way in which other events do? Some people believe that trauma results in memory impairment. Others believe that traumatic memories are the same as other memories. The authors asked if William James (1890) could have been correct when he wrote that very stressful events “leave a scar upon the cerebral tissues.” They note that the way in which traumatic events are processed has remained highly controversial.

Porter and Peace set out to examine the consistency of memories over an extended period of time. They selected 49 subjects in 2001-2002 who had experienced both a recent traumatic event for which they showed moderate to severe levels of traumatic stress and a recent highly positive emotional experience. Examples of positive events were weddings, birth of a child, or receiving an award. Examples of negative events were violent victimization, serious injury, or suicide of a loved one. The subjects also needed to agree that the researchers could contact them again over the next decade.

The subjects provided factual details for each event using a Consistency Questionnaire that asked details such as time of day, weather, day of the week, or duration of the event. They were also given an Emotional Memory Survey, an Impact of Event Scale, a Trauma Symptom Inventory and the Dissociative Experiences Scale. The 49 subjects were interviewed again after 3 months but only 29 were re-interviewed after 3.45 to 5 years because the others could not be located.

The researchers found that the traumatic memories were “more factually consistent over time than positive memories” and that their “vividness, quality and sensory components” were unchanged. This was in contrast to the memories of the happy experiences in which subjective features declined greatly with time. They noted that “the sole clinical predictor of traumatic

memory consistency was dissociation; higher DES scores predicted lower consistency initially,” but that over time, the association became weaker. They wrote:

“Overall, our results provide strong evidence that traumatic memories are indeed special, but in a manner contradicting the traditional traumatic-memory argument. Subjects’ traumatic memories were not fractured or pushed from consciousness. Nor did they fade from memory naturally to the same extent as other events. Rather, traumatic experiences persisted in subjects’ memories, remaining highly consistent years after their occurrence. Violent experiences (including sexual and physical assaults), which one might assume to be optimal contenders for repression or other impairing mechanism, were no exception.”

The authors discuss possible reasons for their results and also the limitations of their study. They conclude:

“Trauma does seem to create scars on memory, resulting in remarkably vivid and consistent recollections over long periods. As much as people may wish to forget painful experiences, the details remain fully intact in their consciousness. In contrast, despite people’s rose-colored glasses, the details of the joys of life are vastly changeable.”



### **Confusing Fantasy With Memory**

Peters, M.J.V, Horselenberg, R., Jelcic, M., Merckelbach, H. (2007). The false fame illusion in people with memories about a previous life. *Consciousness and Cognition* 16, 162-169.

This study asked if people who had hypnotically induced memories of past-lives were prone to making source monitoring errors.<sup>[1]</sup> The authors were conceptually replicating previous research that showed this to be true for people with memories of alien abduction. (Clancy, et al. 2002)

The researchers used people with beliefs in past lives, an implausible

event different from previous research. The researchers also used a different source-monitoring task than previous research. The false-name task asked subjects to read a list of non-famous names. The next day, the subjects were asked to discriminate famous names from a list that included the old non-famous names, new non-famous names and new famous names.

The results showed that subjects with memories of past-lives had a stronger tendency than control subjects to select names from the old non-famous list as being famous.

The authors consider that the results increase our understanding of how people may come to accept their past-life memories as genuine. “When individuals with a tendency to make source-monitoring errors are repeatedly asked to imagine events that supposedly took place during past lives, even highly implausible events suggested by the therapist may come to generate feelings of familiarity.” In other words, some people may “confuse fantasies that feel familiar with memories of things that really happened.”

1. Source monitoring is the ability to recall the source of information. It is usually the first part of a memory to fade.



### **News From Other Countries**

#### Italy

A day-care satanic-abuse scare has split Rignano Flaminio, a town about 25 miles north of Rome, Italy. In April, 2007, six people were arrested, including three teachers at the Olga Rovere School. Prosecutors say children were driven in small groups to the teachers’ homes where they were drugged and videotaped as they performed sex acts with adults. They were then taken back to school.

In 1999, the school had been named the best nursery school in the region. The teachers who were arrested were in their 50s and each had at least 20 years experience. The school is still open and more than half the students

are still attending.

In May, all six suspects were freed by a review court. The judges said that there was no “serious evidence of guilt.” This legal action has divided the town even more.

Some people in the town are defending the teachers and say the town is suffering “collective psychosis,” but others are sure of the teachers’ guilt. Vera Slepj, a psychologist, is reported as saying that “it is worrying to see citizens mobilize in favor of pedophilia suspects.”

The alleged abuse became known when children told their parents about the “games” and they drew pictures of a “man in black” who wore a hood and drank his own blood. Prosecutors explain that they believed the claims because the children have made the same accounts of events and have provided accurate details of the teachers’ houses.

Gavin, J. (2007). “School of horrors” abuse case splits Italian town. Retrieved from: [http://www.boston.com/news/world/europe/articles/2007/05/13/school\\_of\\_horrors\\_abuse\\_case\\_splits\\_italian\\_town?mode=PF](http://www.boston.com/news/world/europe/articles/2007/05/13/school_of_horrors_abuse_case_splits_italian_town?mode=PF) on May 14, 2007.

Caccia, F. & Haver, F., (2007, May 14). Release of Suspects Divides Rignano. Italy Newsletter. Retrieved from: <http://www.italy-mag.co.uk/2007/news-from-italy/current-affairs/nursery-school-sex-abuse-probe-tears-town-apart/> on June 6, 2007.

Owen, R. (2007, April 26). Grandmothers arrested over satanic sex abuse at school. TimesOnline. Retrieved from: <http://www.timesonline.co.uk/tol/news/world/europe/article1706340.ece> on June 6, 2007.

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#### New Zealand

An “Innocence Project” has been established at Victoria University in Wellington, New Zealand. The first Innocence Project was started in New York in 1992. Since that time similar projects have been started in almost every state in the United States and in



numerous other countries. Hundreds of people who had been convicted of crimes have since been exonerated with the help of Innocence Projects. According to Maryanne Garry, a professor at Victoria University and a Director of the the New Zealand Project, there is evidence that “wrongful convictions are of substantial concern” in New Zealand.

A Web site that contains descriptions of hundreds of cases of false allegations in New Zealand is:

<http://www.peterellis.org.nz>

\* \* \*

Netherlands (from Adriaan Mak, Canadian Contact for FMSF)

In 2004, the Netherlands FMS group disbanded after the government issued a strong report that was highly critical of recovered memory therapy techniques.<sup>[1]</sup> It now appears, however, that there is a concerted effort to focus once again on therapies that have the potential to lead to recovered memories and multiple personalities. Many of the people leading this effort are the same ones who encouraged similar therapies twenty years ago.

Jan Buys, former chair of the Netherlands Work Group Fictive Memories, alerted me to this change of events after several years of silence following the Netherlands Ministry of Health’s 2004 warning about suggestive therapies. After that warning the government drastically reduced funding for talk therapies. Now, in a turnaround, the government is offering millions of Euros for new trauma clinics.

After the autumn 2006 election of a new government in the Netherlands, some members of parliament who were concerned about child sexual abuse supported the development of new centers to help children who were victims of trauma. The National Center for Early Childhood Trauma [Landelijk Centrum Vroegkinderlijke Traumatisering (LCVT)] is a coalition of Dutch government supported med-

ical and health services, research institutes and organizations of clients.<sup>[2]</sup>

Traumatologists and survivor groups advocated for the new centers. It was stated that the treatment options available in the Netherlands for adults who are suffering from the chronic after-effects of early childhood trauma are insufficient and miss by a long shot the needs of these patients. Members of the LCVT Advisory Board include Prof. Dr. Otto van der Hart<sup>[3]</sup> and Dr. Elleret Nijenhuis. Dr. Bessel van der Kolk has been invited to be a member of the LCVT Research Advisory Board—names familiar to many FMSF Newsletter readers because of their previous defense of practices that encourage recovered memories and multiple personalities.

One government inspector for the Health Ministry who encouraged the development of the new centers wrote two articles to explain his support. In the articles, he revealed that he is a former therapist who endorsed recovered-memory techniques.

The new treatment centers do provide treatment for seriously ill people by kind-hearted employees. A description of this care, however, shows its similarity to that found in programs in the United States such as the Sanctuary Program developed by traumatologist Sandra Bloom. The description of the new program does show that the Dutch ISSD and ISST members have learned to avoid the spectacular excesses of people such as Bennett Braun, Roberta Sachs, Corydon Hammond and their colleagues. There is an absence of much of the old terminology.

I have asked a number of our Dutch contacts whether anything so far has been done to ensure that the new program does not lead to the re-institutionalization of repressed memory and multiple personality therapies in the Netherlands with the aid of government supported financing. To date, Peter van Koppen sent a brief message to the effect that he would look into the

matter. Peter van Koppen, a forensic psychologist who is a professor at Maastricht and the Free University University of Amsterdam, is a senior researcher at the Netherlands Institute for the Study of Crime and Law Enforcement and was responsible for one of the important reports that led to the previous demise of recovered memory therapy practices.

The whole development may well have taken our Netherlands colleagues by surprise. A major problem in addressing this new concern is that any challenge to the practices of the new treatment centers makes one vulnerable to being labeled as opposed to helping people who need intensive care as a result of child sexual abuse. That, of course, is not the case.

Perhaps the Netherlands FMS group disbanded too soon.

1. See *FMSF Newsletter 13* (3), (2004, May/June) for a review of the reports issued by the Health Ministry in the Netherlands that led to the disbanding.

2. See

[http://www.caleidoscoop.nl/aktueel/lcv\\_t\\_nieuws-brief-1.html](http://www.caleidoscoop.nl/aktueel/lcv_t_nieuws-brief-1.html)

3. In 1990, van der Hart stated: “Our Institute already had a strong tradition of inviting distinguished foreign colleagues to present workshops and seminars on divergent topics. Therefore, it seemed both material and obvious to invite to the Netherlands established international authorities in the field. Thus, since 1984, Bennett G. Braun, M.D., Richard P. Kluft, M.D., and Roberta Sachs, Ph.D., have conducted workshops for interested Dutch colleagues and ourselves, seen our patients with us, and supported us in many other ways.”



“No one bats an eye when a drug for a severe mental illness such as schizophrenia or depression causes serious side effects such as nausea, weight gain, blurred vision or a vanishing libido. But what few patients seeking psychotherapy know is that talking can be dangerous, too—and therapists have not exactly rushed to tell them so.”

Sharon Begley (2007, June 18). Get shrunk at your own risk. *Newsweek*.

Retrieved on June 10, 2007 from <http://www.msnbc.msn.com/id/19121639/site/newsweek/>

## Satanic Ritual Abuse Memories in Norway

Mona Hide Klausen

In 1992, children in a day-care center in a small village near the city of Trondheim told bizarre stories of abuse committed by numerous people. The stories included abuse committed in a particular room in the day-care centre, genital exposure, oral sex, violence and rape.<sup>[1]</sup> The stories that surfaced included descriptions of men masturbating into buckets, abuse of lambs and mass abuse at various locations in séances where both men and women participated<sup>[2]</sup>.

Thirty people were assumed to be offenders and 7 suspects were arrested. Only one man was charged. He was first suspected of genital exposure, later he was accused of indecent acts towards 10 girls, aged 2-5, including 5 instances of intercourse. He was acquitted in 1994.<sup>[1]</sup> In 2003 he won his lawsuit against Norway in the European Court of Human Rights<sup>[3]</sup>.

This became known as the Bjugn Case, and was Norway's first case involving large scale Satanic Ritual Abuse (SRA) memories.

Earlier this year, a series of articles appeared in a local newspaper in Trondheim that described adult patients who had recovered memories of childhood sexual abuse. The patients were mostly women and they were all at the same institution, Betania Malvik.

Some of the stories involved abuse of a grotesque nature, such as eating excrement and vomit, drinking urine, and the sacrificing of pets. One woman claimed to remember being tortured with electricity and water, while another told of being forced into sexual acts with animals.

There was one patient who had clear memories of 2 perpetrators when she began therapy, but remembered 14 more perpetrators during the course of therapy. Some of the patients told of

multiple rapes.

A.S., a psychodrama therapist at Betania, claims that multiple perpetrators seem to be the rule rather than the exception. A female patient said that the six women in the group that was interviewed, had together suffered hundreds, maybe thousands, of incidents of abuse that had been committed by approximately 60 offenders<sup>[4]</sup>.

The memories have had a profound impact on the patients, according to the articles. Some of the patients even vomited when the memories became too traumatic.<sup>[5]</sup> The women who recovered these memories were all being treated in a program that started in 2006 and was designed for adult victims of sexual abuse at Betania Malvik.<sup>[4]</sup>

Betania Malvik is owned by the Christian 'Lukas Foundation', but it is funded by St. Olav's hospital in Trondheim (large, regional hospital). In Norway it is not unusual for volunteer organizations to own institutions that receive funding from the public. The treatment at Betania is run like an ordinary treatment program and religion is not central in this treatment. The institution has to follow the same demands of proper operation as any other health service.

St. Olav's hospital funds 20 beds at Betania Malvik, with a planned de-escalation towards 2009. These places were intended for patients with various psychiatric problems. About 6 of these were reserved for trauma patients because there was a lack of good programs for trauma patients in the public health service. The trauma program can accommodate 24 sexual abuse patients a year.<sup>[6]</sup> St. Olav's hospital is responsible for the trauma program admission of patients.<sup>[6]</sup>

Groups of six patients at a time are admitted for a 10-week intensive program, with at least 40 hours of psychotherapy. The intensive program is thought necessary to make the more repressed memories resurface.<sup>[5]</sup> The

therapy at Betania Malvik involves conversations with a psychologist, psychodrama, and various body-focused and creative lessons, aiming at reclaiming one's body, expressing the emotions they could not express as children, and developing the patients' self-assertion.<sup>[7]</sup>

### Raised concern

Not long after the newspaper articles appeared, some Norwegian psychologists raised their concern that the patients' stories were similar to false memories from other parts of the world.

University of Oslo (UiO) psychology professor Svein Magnussen pointed to the vast amount of international research showing that memories of abuse are normally not forgotten and that it is fairly easy to get people in therapy to remember things they have not participated in. *Forskning.no*, an online magazine that presents Norwegian and international research, pointed out that the characteristics of some of the memories appearing at Betania were similar to Magnussen's descriptions of false memories. Magnussen pointed out that he didn't want to give specific comments on a particular case he knew only from newspaper articles.<sup>[5]</sup>

T.K., the psychologist in charge of the treatment at Betania, has denied the possibility of the therapy causing false memories<sup>[4]</sup>. A psychodrama therapist, working at Betania, also rejects the possibility of false memories; "Why would anyone invent this?" was her comment to the journalist from the local paper *Adresseavisen*<sup>[8,5]</sup>. In T.K.'s opinion false memories would have had to be actively planted by the therapist and she is confident that the therapists at Betania don't do that. One problem with such severe and grotesque abuse, as she sees it, is that the patients have a long history of not being believed. The stories of grotesque abuse appear last in therapy



because they are difficult to talk about, she says.<sup>[4]</sup>

The therapy is also based on the assumption that patients may have repressed the most horrible instances of abuse. In T.K.'s experience, it is also not unusual for several people to cooperate in abusing children. T.K. believes that grotesque abuse happens, but she acknowledges that such stories may be hard to believe. She advocates treatment based on theories of dissociation and repression. She claims that research based on witness psychology should not be transferred to trauma psychology.<sup>[4]</sup>

Professor Magnussen says that it is nonsense that research from memory psychology cannot be transferred to trauma psychology. "There is considerable research on trauma within memory-research, such as war trauma, and there are systematic patient studies," he says.<sup>[9]</sup> We asked him other questions:

*Do false memories have to be deliberately planted?*

"It doesn't necessarily have to be the therapist that is the source of the false memories. It might also be that the patient initially thinks about abuse, and when digging for an answer to their current problems, false memories gradually grow. Encouragement from the therapist to remember more might cause escalation". He stresses that his statements are general and not about the Betania Malvik-case in particular.<sup>[9]</sup>

*Could such cases be a threat to legal safeguards?*

"Cases involving false memories pose a threat both to the patient and to legal safeguards because we cannot separate false memories from true", says Magnussen. He doesn't believe that cases of abuse might be overlooked, since the Norwegian legal system is fairly level-headed. The legal system is starting to become informed of the dangers of false memories; the police have also become better in questioning children.

He believes the Malvik-case may lead to a focus on the forms of therapy that might cause false memories in some. He also emphasizes that the debate about false memories is not about those that have actually been abused, and have remembered it all their lives. International research also shows that such memories are remembered if the child is not too young. Goodman (see Goodman et al., 2003<sup>[10]</sup>) has also found that the more severe the abuse, the better it is remembered.<sup>[9]</sup>

*Can the grotesque aspects cause the patients to be disbelieved in a court of law?*

"Yes. Speaking generally, in some cases there is, of course, a core of truth to the allegations, but when the memories become so grotesque it might lead to the case being dismissed.<sup>[9]</sup>

*Could offenders go unpunished because of this?*

"Yes. Very generally speaking, such cases are also damaging for the patients; their entire life history and relationship with those closest to them may be destroyed. It is tragic that they end up believing that their life history has been so grotesque and awful", says Magnussen. "Is it good for someone to have bizarre false memories of one's closest?" he asks.<sup>[9]</sup>

Others in the professional and psychological research community in Norway are concerned.

Sven Svebakk, Professor in behavior medicine at the Norwegian University of Science and Technology<sup>[11]</sup> finds the therapy at Betania to be professionally irresponsible. "Psychodrama is strongly suggestive, and group therapy enhances its effects," he says to one of Norway's largest newspapers *Verdens Gang*. He warns against conviction and enthusiasm standing in the way of scientific foundation.<sup>[12]</sup>

Psychology professor Roald Bjørklund at the University of Oslo urges caution, fearing that the group therapies may cause false memories.<sup>[4]</sup>

Nils Håvard Dahl, psychiatrist and county medical officer at Levanger hospital, (local hospital near Trondheim) said to *Verdens Gang* that he will not send any more patients to Betania, until the question of false memories has been investigated. He takes the warnings from the psychological research communities seriously, and fears that the therapy may cause false memories and thus be harmful.<sup>[13]</sup>

"False memories can lead to catastrophes for innocent people," Dahl says. "Also, the patients will base their life on something false, which is unethical". He sees the treatment at Betania as based more on ideologies than science.<sup>[14]</sup>

Turid Suzanne Berg-Nielsen, associate professor in psychology at the Norwegian University of Science and Technology and a psychodynamically oriented psychologist, says that children can repress discomfort, and the drastic form of this is dissociation. However, this isn't necessarily pathological; dissociation is a survival strategy. Those who dissociate tend to cope best. Sometimes it is right to talk about trauma. Humans have a need to define problems and get an explanation, this helps organize our world. However, it may not be good for everyone to dig up painful memories.

Berg-Nielsen also feels that the search for the single events to explain everything might cause an unhealthy focus on trauma. Taking a role of a victim might conserve, rather than solve problems. The patient's one-sided focus on faults in other people might lead to an immature, infantile position that everyone else has to make up for the injustices that have been committed. She advocates for a focus on a reconciliation process, where the patients learn to accept a complex world that is more than just evil.

Berg-Nielsen stresses that her statements are general, and that she is not a trauma-specialist. However, she finds it a little worrying that the thera-

pists at Malvik so strongly deny the possibility that false memories may emerge. She believes this is something that cannot be excluded, when working with afflicted persons. Sobriety is called for, on both sides of the debate, she says.<sup>[15]</sup>

### **T.K.'s history with false memories**

Betania is not the first case of false memories connected to the psychologist T.K.

A newspaper article in *Verdens Gang* mentions a number of cases that have been rejected by the court of law because the memories were likely to be false. The accused in these cases have been acquitted, and received compensation. One case *Verdens Gang* mentions involved a girl who after almost a year in therapy started to remember being abused by her father several times, made pregnant twice, and forced into having an illegal abortion on both occasions. The father allegedly let both relatives and strangers abuse the girl. Also her sister started to remember gang rapes, organized by her stepfather, after being in therapy.<sup>[16]</sup>

T.K. has signed statements confirming the credibility of this and other stories of bizarre abuse. Police investigations have not been able to find tangible evidence for such abuses taking place. In the newspaper article, T.K. says that grotesque abuse happens, and lack of evidence is not proof that the stories are untrue.<sup>[16]</sup> The police are presently investigating an unusually bloody and beastly murder that one of T.K.'s former patients started to remember 25 years after it allegedly took place. The accused perpetrator is dead, the supposed eye-witness denies involvement, the alleged murder victim is unknown, and no one is missing at the time the murder is assumed to have taken place.<sup>[12]</sup>

Another former patient has now accused 8 men in her family of abusing her. Her sister, who is a psychologist, is concerned. She is sure that her sister was abused, as was she, but she says

that a lot of what her sister remembers is wrong. The family's protests are rejected, and the sister claims they have repressed the events. The sister refuses to have contact with those who don't believe her. "It is like a religious sect," the psychologist says to *Verdens Gang*. The psychologist believes the intentions of the therapists are good, but she feels the risk of damage is so great that external experts need to evaluate the treatment. She emphasizes that she is criticizing the therapy, not her sister.<sup>[4]</sup>

### **Child interviews**

In the 80's and 90's T.K. was involved in a series of interviews of children, to find out if they were victims of incestuous abuse. A clip of such an interview has been aired at the Norwegian National Broadcasting Company (NRK), as part of a documentary as a shocking example of leading interview technique.<sup>[16]</sup>

During the interview T.K. says that they (the team that investigated the alleged incest) know that something has happened to the girls buttocks. The doctor has seen it, so they are certain that something has happened. During the interview the girl says 22 times that nothing has happened, T.K. says 30 times that something has. After four hours of interview, and being told that she would not be able to leave until she confirms the psychologist's assumptions, the girl eventually mumbles a response, in order to get out of the situation.<sup>[17]</sup>

K - So it happened many times at [a place] and also at [deleted]? At night, in your room? (Transcription of the video, my translation)

Girl - Mm...

K - Then [deleted] came into your room and f\*\*\*ed? And put his wee-wee into yours?

Girl -Mm...

The girl did not herself say the words T.K. attempted to make her say., The child's mumbling was the "evidence" that abuse allegedly took place.

The girl was removed from her family, and placed in various foster homes. At the end of the segment T.K. is asked to comment on the interview. She acknowledges that such pressure may be problematic when it comes to making sure the story is reliable, in a court of law. However, she claims that the other pressure (presumably the pressure not to tell anyone of abuse), which is hidden, is often ignored in the debate about children's legal safeguards. Her position was, and still is, to secure, and protect, the child.<sup>[17]</sup> T.K. says to *Verdens Gang* that this clip is taken out of context. There are great demands of evidence (to judge someone), the doubts are in favor of the accused, and an acquittal is not the same as the child's stories being untrue.<sup>[16]</sup>

We do not know, however, whether T.K. uses the same form of interview techniques at Betania Malvik.

### **Prevalence of SRA and recovered memories in Norway**

Magnussen does not know of any real SRA cases in Norway, and he does not know of any crime statistics that say that there are. Investigations in the USA have not found any evidence of such events taking place, and such cases have mainly been rejected. One cannot preclude the existence of SRA, since one cannot prove that something does not exist. "However, other forms of abuse are grotesque enough," he says.<sup>[9]</sup>

Magnussen does not know of any cases of Multiple Personality Disorder in Norway, and he only knows about a few cases involving recovered memories. It is not a major problem here, in his opinion. But, after all, there are merely 4.5 million people in Norway. He refers to a case in 2002 where a woman recovered memories of two men murdering a jogger.<sup>[9]</sup>

The woman had been in therapy with a male nurse who practiced age regression therapy. He had no formal training in psychotherapy, except for some courses in Gestalt therapy.

[18]According to the woman's memories two men had raped her in a forest near Oslo, and when surprised by a jogger they had killed him and dumped him in a lake. Other patients of the nurse had remembered grotesque and bizarre abuse involving gang rapes, abuse of infants, and the identified perpetrators emptying animal intestines on their victims.[19] One of the alleged murderers sued the therapist in 2002, won the lawsuit and was awarded a large sum of money.[20] The police did not find any evidence of a murder taking place, and no jogger was missing at the time the murder was supposed to have taken place[19]

According to Magnussen the reason why the theory of recovered memories and dissociation has spread to Norway is because our professional literature is in American and English. In addition, psychoanalysis originated in Europe. Being influenced by other theories will happen when being part of international research communities. "One cannot be vaccinated against influence," says Magnussen.[9]

He believes there still is little knowledge of false memories in Norway, even within the professional community. It is particularly the knowledge of how they develop, the fact that the memories feel so true, are so rich in details and so robust, that seems to be missing in the Norwegian system. The Bjugn-case led to increased awareness of the research on children as witnesses, and considerably improved interviewing practices used by specially educated child interviewers, in the police.[9]

It astonishes Professor Magnussen that we have a new case involving false memories in Norway. He feels 15 years of international debate and research should have had impact, but "obviously some people are more or less impregnated against knowledge", he says.[9]

## The future

Starting in January 2008 the

Central Norway Regional Health Authority (the regional health enterprise) takes over responsibility for the funding of the trauma program for two years. The trauma program is to be organized as a FOU-project (research and development) in co-operation with Betania, St. Olav's hospital and Central Norway Regional Health Authority. This project includes an independent evaluation.

The evaluation is being designed by O. Linaker, a professor in psychiatry. It has not yet been determined who will perform the evaluation, and the program is thus not public. The evaluation period will include 2006 and 2007. The main purpose of the evaluation is to find out whether the therapy has any effect on the patient's coping and quality of life. The question of false memories is not part of the direct evaluation.[6] D. Haga, temporary director at Central Norway Regional Health Authority, told *Verdens Gang* that false memories are one of many aspects to be investigated[16].

The trauma program at Betania is secured of funding for operation through 2009.[21]

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### New Jersey Supreme Court Decides Expert Not Necessary in Recovered Memory Cases.

Phillips v. Gelpke (A-1-2006) Sup. Ct. NJ, A-1 September Term 2006. Argued Nov. 13, 2006 – Decided May 17, 2007.<sup>[1]</sup>

On May 17, the New Jersey Supreme Court ruled that an appeals panel was wrong to throw out a jury award to a Melissa Phillips who had sued John Gelpke based on memories that had been triggered by a dream.<sup>[2]</sup> The appeals court had held that “A case based on repressed memories cannot be submitted to a jury without expert testimony diagnosing the alleged victim as having dissociative amnesia and explaining and justifying the concept that repressed memories can be accurately recalled.” The State Supreme Court, however, found that there was no need to require an expert in such cases. The court sent the case back to the Appellate Division to review other appeals that have been made by Gelpke.

In 2001, nineteen-year-old Melissa Phillips sued neighbors John and Barbara Gelpke claiming that John had sexually abused her from the time that she was three until she was eight. She claimed she repressed the memories until she was eleven and had a dream of sexual relations with John. The trial jury found John guilty. He appealed that the judge erred in allowing the case to go to the jury without expert testimony that Melissa’s memory was the result of dissociative amnesia or explaining how repressed memories might be accurately recalled.

Richard J. Schacter argued the case for Phillips. Kevin P. Kovacs argued the case for Gelpke.

1. See <http://lawlibrary.rutgers.edu/courts/supreme/a-1-06.doc.html>

2. Phillips v. Gelpke, No. A-1932-04T1, 2006 N.J. Super. LEXIS 14, Decided January 30, 2006. See *FMSF Newsletter*, 15(2).



### A Disturbing Case

Former Wisconsin and West Virginia Psychiatrist Found Guilty of Murder. Case Likely to Be Retried

Ohio v. John M. Adams 03-CR-524

Scioto County Ohio

(When a psychiatrist who has caused problems in one community is forced out of his job and moves to another state, the person usually fades from view. The Adams case is of interest because reports of his work with multiple personality patients were sent to the FMSF office many years ago. Prior to his Marshall University position, Adams was the Clinical Medical Director of La Crosse, Wisconsin County Human Services. In 1993, the La Crosse Channel 8 News featured Adams in a news series about multiple personality and its treatment. Adams had recently been let go from his position. Some said that he was forced out because of the con-

troversial nature of the therapy he provided. A spokesperson said that the county could not afford the extended psychotherapy that Adams provided in his treatment of multiple personality patients.)

In July 2004, psychiatrist John M. (Jack) Adams was convicted of the murder of Portsmouth, Ohio Community Development Director Bob Burns. Adams was sentenced to at least 26 years in prison.

According to an Associated Press report, witnesses testified that on July 2, 2003, Adams entered the Burns’ home and shot Burns while his wife watched. Adams forced two women to drive him across the river to Kentucky before police arrested him.

In a videotaped interview the day after his arrest, Adams told police that a law firm informed him that Michelle and Bobby Burns had filed a malpractice complaint against him because of his treatment of Michelle. Adams said that he had gone to the house to talk to Bobby Burns about the complaint. He said that he brought a gun “to make (Burns) listen.” Adams claimed that he found the couple in the bathroom and that Bobby had lunged at him when he opened the door. Adams said that this frightened him so he fired the gun.

According to reports, Michelle Burns suffered from multiple personalities. It was also claimed during the trial that Adams was having an affair with Michelle.

Until June 2003, Adams was an associate professor in the Department of Psychiatry and Behavioral Medicine at of Marshall University in Huntington, West Virginia. He had been on sick leave since January 2003. Adams, 63-years-old, suffers from Parkinson Disease.

Adams appealed both his conviction for murder and his sentence. In order to prepare the appeal, his attorney requested a transcript of the trial. It took many months for the completion of the transcript, perhaps because the court reporter used shorthand rather than newer transcription techniques. When it was finally submitted, the attorney for Adams challenged its completeness. In fact, he challenged several resubmissions. Finally in October 2006, a judge noted “the court reporter has submitted 4 different versions of the trial transcript, none of which are the same, and some of which are not in the court file.” The judge went on to write “after reviewing the record ourselves, we conclude that the record at this juncture is so confusing we cannot confidently say that the record is complete or accurate as it currently stands.” In March 2007, Adams submitted a motion for a new trial and it appears that this will happen.

James Banks of Dublin, Ohio is the attorney for John Adams.

When this case is retried in August or September, information about the trial can be found at:

<http://www.portsmouthohio.info> and <http://dougdeepere-turns.blogspot.com>

Information about the Adams case and appeal is available at <http://www.sciotocountycourt.org/> and <http://portsmouthohio.info/Murders.html>

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### **Ryan Ferguson Case Update State vs. Ferguson No 165368-01, Boone County, MO Circuit Court**

At the beginning of May 2007, the family of Ryan Ferguson took the case for their son's innocence to the public on YouTube. In 2006, Ryan Ferguson was convicted of murder based on the evidence of his friend Chuck Erickson's memory from a dream. There was no physical evidence. (See *FMSF Newsletter 15(4)*, July/August 2006) Ryan Ferguson has appealed the decision and the Missouri Western District Court of Appeals heard oral arguments six months ago.

The video is called "Have you ever had a cop in your face?" and can be found at: <http://youtube.com/watch?v=dCyKnc1BVV8>. It presents edited clips of the detective's interrogation of Chuck Erickson, convincing examples of an interrogator providing the words for Erickson. When he was first interviewed Erickson didn't have much of an idea of how the victim was even murdered. Erickson first tells the detective "I might not even know what I'm talking about." Later he tells the detective that he is making presumptions based on what he read in the newspaper. The editing of the video explains to the viewer how particular words or ideas were presented and then absorbed by Erickson. First Erickson is shown not knowing something; then the interviewer presents the information he did not know. The clips are well marked, although the poor

quality makes some things difficult to hear.

An example:

DETECTIVE: Is it possible that you know what he was strangled with and you just didn't want to tell me? Because I know.

ERICKSON: No, like, I think it was a shirt or something.

DETECTIVE: Well, I know it wasn't a shirt.

ERICKSON: Like, maybe a bungee cord or "I don't "some thing from his car. I don't see why he'd have a rope in his car.

DETECTIVE: Well, we know for a fact that his belt was ripped off of his pants and he was strangled with his belt.

ERICKSON: Really?

DETECTIVE: Does that ring a bell?

ERICKSON: Not at all.

By the time of the trial, Erickson had all the details of the crime.

Any person interested in how suggestive interviewing can happen will find this video of interest.

Warhover, T. (2007, May 5). Web video of Erikson's confession illustrates community journalism. *Columbia Missourian*. Retrieved from <http://www.columbiamissourian.com/stories/2007/05/05/web-video-eriksons-confession-illustrates-communit> on May 30, 2007.

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For more information about the Ryan Ferguson case: [www.freeryanferguson.com](http://www.freeryanferguson.com)  
Have you ever had a cop in your face?" can be found at:

<http://youtube.com/watch?v=dCyKnc1BVV8>



### **Update of Klassen Case: Court Upholds Ruling Against Prosecutor but Not Against Therapist**

A three judge Saskatchewan Court of Appeal has upheld the conviction of prosecutor Matthew Miazga for the

malicious prosecution of Richard Klassen and his family. The Appeal Court, however, said that the trial judge erred in determining that therapist Bunko-Ruys had initiated the prosecution against the Klassens. Her conviction was set aside.

In 1991, the Klassen family was accused of forcing three foster children to eat eyeballs, drink blood, participate in orgies and watch newborn babies being skinned and burned. During a 2004 trial, it was shown that all the accusations were lies. Klassen argues that it was the suggestive questioning of the children by Bunko-Ruys that let to the absurd allegations.

Miazga may appeal to the Supreme Court of Canada. If he does, Klassen said that he will appeal the Bunko-Ruys decision.

The chief justice minister of Saskatchewan said that were he to discipline Miazga, it would send a "chilling message" to the rest of the Crown prosecutors in the province that they should err on the side of not aggressively defending the public in controversial cases.

See *FMSF Newsletter*, 13(2), March-April 2004 for a more complete story of the Klassen case.



"Inaccurate eyewitness memory is the leading cause of the conviction of innocent people because human memory is fragile and malleable. The heat of the moment, the passage of time, the tendency for the mind to fill in memory gaps with guesses and inferences, and the tendency to construct new memories based on later information are natural ways people come to remember incorrectly what they actually witnessed"

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<http://www.newsday.com/news/opinion/ny-opwell55213068may15,0,1698360>.

### Remembering Dr. Lief

We were so very sorry to hear about Dr. Lief's death. I remember seeing him at the Baltimore FMSF conference in 1994 and feeling especially pleased that such an honorable, respected, and capable person would defend those of us falsely accused. I was delighted that he was willing to tell the world how and why unsuspecting and trusting victims of bad therapy could develop false memories. Dr. Lief was especially courageous in speaking against bad therapy in his own profession and in fielding the criticisms from his fellow therapists who tried to harm his reputation. But he stood his ground and prevailed, helping to stem the tide of false accusations. In talking to him, we could see he was a kind and loving man, neither vitriolic nor strident, but a man of mighty courage in the face of attacks. We will sorely miss his presence, but remember how he lived his life.

Don and Iris Anderson



### Life Is Good

My youngest daughter told me about the FMS Foundation a year or so after my oldest daughter made sexual accusations about me. I thought I was the only one in such a situation and my grief and fear were driving me to my emotional limits. Your newsletters awakened me to reality. Now, a dozen years or more later, my eldest daughter is still lost to me and I am not allowed to have any communication with her. But my family is intact, my personal and professional friendships were not affected and now living in retirement my life is good and for the most part I can accept the rupture by my daughter.

All this would not have been possible had it not been for the FMSF Newsletter. They provided the intellectual support that made life livable for

me for many of these past years.

A Dad



### Coping

After our daughter dropped a bomb in our lives in 1992, I did extensive reading on the subject of childhood sexual abuse and recovered memories. Perhaps the best source I found was a two-volume text on childhood sexual abuse written primarily for physicians who were doing a medical residency in psychiatry.

These texts were not easy reading but they helped me to understand the issue from two very different perspectives. First, I began to understand the topic of childhood sexual abuse and the programs for treatment. Second, the medical texts showed me the unscientific and callow nature of materials supporting repressed memory as "therapy." The gulf between the two was enormous.

I would like to encourage the newsletter to add medical texts to your lists of books about the recovered memories of child sexual abuse.

Thank you. A Dad.



### A Grandmother's Journal

*(Perhaps the saddest aspect of the FMS tragedy is the forced separation of grandchildren and grandparents. Angry, petulant and self righteous "recovered memory survivors" deny their own children the basic human right to know their grandparents. One grandmother decided to try to bridge that gap by keeping a journal for her new grandchild. The journal is filled with fascinating stories of family members mixed with day-to-day activities, thoughts and feelings. We reprint just a bit from the introduction.)*

November 7

"My dearest granddaughter, please know that if things were as they should be, I'd be there to greet you. I yearn to look at your new little face, to hold you in my arms, welcoming you into this crazy world and telling you that I love you. But, unfortunately, I'm sure you

will learn all too soon that things are not always as they should be.

"I have cried so very much today and am crying now. If I am only able to be in contact with you in this way, I pray that God grants me the ability to relate my thoughts and affection to you. There is so much I want to share. If this reaches you, please know that none of the family is bad. The events that separated us were strange and unwarranted. Please never be angry with your parents and love them always as even in my enforced separation I do love them. Love should have no boundaries, no beginnings and endings and so I hope that what I say to you will reach out over time and perhaps you can learn something from it all. My heart feels ripped and torn, but I still believe in love, good, and the possibility of happy endings.

"Well, by now you must be wondering who is writing this stuff to you. I am your maternal grandmother."



### *Myths of Childhood*

Joel Paris

New York: Brunner-Routledge

*Myth 1.* Personality is formed by early childhood experience.

*Myth 2.* Mental disorders are caused by early childhood experiences.

*Myth 3.* Effective psychotherapy depends on the reconstruction of childhood experiences.

"As the mental health care professions evolve toward a scientifically based practice, which is both evidence-based (one knows that it works) and knowledge-based (one knows how it works), I believe we will see that this will involve the demise of many a popular classical "truth" or myth of psychology."

Kennair, L.E.O. (2003). Behold the paradigm shift! Review of *Myths of Childhood*. *Human Nature Review*, 3, 196-209.

See <http://human-nature.com/nibbs/03/paris.html>



## Misery Memoirs

Brendan O'Neill writes that the market for abuse memoirs is thriving in the UK. "With combined sales of 1.9 million copies, abuse memoirs made up 8.8% of sales in the 100 bestselling paperbacks last year."

The literary trend began in the eighties with such authors as Truddi Chase *When Rabbit Howls* (1987) and Sylvia Fraser: *My Father's House: A Memoir of Incest and Healing* (1989). There are now so many abuse books that Waterstone's bookstore has a "Painful Lives" shelf. In the trade, Abuse memoirs are referred to as "misery memoirs." Purchasers are 80% to 90% female.

O'Neill wonders both why authors so freely confess their misery and what readers find enjoyable about these books.

"I just don't buy the idea that people buy these books for information or advice, for an 'Open Sesame' to becoming free of their own harrowing memories", says *Times* columnist Carol Sarler. "Rather they show that, as a nation, we seem utterly in thrall to pedophilia. We are obsessed with it. And now, with these books, we are wallowing in the muck of it. It's all rather disgusting."

Others argue that the books help healing. Professor James Pennebaker at the University of Texas says he has compelling evidence that writing about upheavals can help a writer deal with his or her emotions.

Gerry Feehily, a publisher-turned-novelist who lives in Paris, thinks the books are popular because they flatter readers' sense of moral outrage while also secretly titillating. "Pedophiles are down there with the Nazis and Judas as all-time bad folk, so these stories are easy on the writer, easy on the reader."

O'Neill, B. (2007). Misery lit... read on. BBCNews. Retrieved from [http://news.bbc.co.uk/2/hi/uk\\_news/magazine/6563529.stm](http://news.bbc.co.uk/2/hi/uk_news/magazine/6563529.stm) on June 17, 2007.

## Web Sites of Interest

<http://www.theisticsatanism.com/asp/>  
Against Satanic Panics

[comp.uark.edu/~lampinen/read.html](http://comp.uark.edu/~lampinen/read.html)  
The Lampinen Lab False Memory Reading Group,  
University of Arkansas

[www.exploratorium.edu/memory/](http://www.exploratorium.edu/memory/)  
The Exploratorium Memory Exhibit

[www.tmdArchives.org](http://www.tmdArchives.org)  
The Memory Debate Archives

[www.francefms.com](http://www.francefms.com)  
French language website

[www.psychoheresy-aware.org/ministry.html](http://www.psychoheresy-aware.org/ministry.html)  
The Bobgans question Christian counseling

[www.IllinoisFMS.org](http://www.IllinoisFMS.org)  
Illinois-Wisconsin FMS Society

[www.ltech.net/OHIOarmhp](http://www.ltech.net/OHIOarmhp)  
Ohio Group  
[www.afma.asn.au](http://www.afma.asn.au)  
Australian False Memory Association

[www.bfms.org.uk](http://www.bfms.org.uk)  
British False Memory Society  
[www.geocities.com/retractor](http://www.geocities.com/retractor)  
This site is run by Laura Pasley (retractor)  
[www.sirs.com/uptonbooks/index.htm](http://www.sirs.com/uptonbooks/index.htm)  
Upton Books

[www.angelfire.com/tx/recoveredmemories/](http://www.angelfire.com/tx/recoveredmemories/)  
Locate books about FMS  
Recovered Memory Bookstore

[www.religioustolerance.org/sra.htm](http://www.religioustolerance.org/sra.htm)  
Information about Satanic Ritual Abuse

[www.angryparents.net](http://www.angryparents.net)  
Parents Against Cruel Therapy

[www.geocities.com/newcosanz](http://www.geocities.com/newcosanz)  
New Zealand FMS Group  
[www.peterellis.org.nz](http://www.peterellis.org.nz)  
Site run by Brian Robinson contains information about Christchurch Creche and other cases.

[www.werkgroepwfh.nl](http://www.werkgroepwfh.nl)  
Netherlands FMS Group

[www.falseallegation.org](http://www.falseallegation.org)  
National Child Abuse  
Defense & Resource Center

[www.nasw.org/users/markp](http://www.nasw.org/users/markp)  
Excerpts from *Victims of Memory*  
[www.rickross.com/groups/fsm.html](http://www.rickross.com/groups/fsm.html)  
Ross Institute

[www.enigma.se/info/FFI.htm](http://www.enigma.se/info/FFI.htm)  
FMS in Scandanavia - Janet Hagbom

[www.ncrj.org/](http://www.ncrj.org/)  
National Center for Reason & Justice

[www.lyingspirits.com](http://www.lyingspirits.com)

Skeptical Information on Theophostic Counseling

[www.ChildrenInTherapy.org/](http://www.ChildrenInTherapy.org/)  
Information about Attachment Therapy

[www.traumaversterking.nl](http://www.traumaversterking.nl)  
English language web site of Dutch retractor.

[www.quackwatch.org](http://www.quackwatch.org)  
This site is run by Stephen Barrett, M.D.

[www.stopbadtherapy.org](http://www.stopbadtherapy.org)  
Contains information about filing complaints.

[www.FMSFonline.org](http://www.FMSFonline.org)  
Web site of FMS Foundation.

## Legal Web Sites of Interest

- [www.caseassist.com](http://www.caseassist.com)
- [www.findlaw.com](http://www.findlaw.com)
- [www.legalengine.com](http://www.legalengine.com)
- [www.accused.com](http://www.accused.com)

## Elizabeth Loftus

[www.seweb.uci.edu/faculty/loftus/](http://www.seweb.uci.edu/faculty/loftus/)

## The Rutherford Family Speaks to FMS Families

The DVD made by the Rutherford family is *the* most popular DVD of FMSF families. It covers the complete story from accusation, to retraction and reconciliation. Family members describe the things they did to cope and to help reunite. Of particular interest are Beth Rutherford's comments about what her family did that helped her to retract and return.

**Available in DVD format only:**

**To order send request to**  
FMSF -DVD, 1955 Locust St.  
Philadelphia, PA 19103

\$10.00 per DVD; Canada add \$4.00;  
other countries add \$10.00  
Make checks payable to FMS  
Foundation

## Recommended Books

### Remembering Trauma

Richard McNally

### Science and Pseudoscience in Clinical Psychology

S. O. Lilienfeld, S.J. Lynn, J.M. Lohr (eds.)

### Psychology Astray:

### Fallacies in Studies of "Repressed Memory" and Childhood Trauma

by Harrison G. Pope, Jr., M.D.

## CONTACTS & MEETINGS - UNITED STATES

### ALABAMA

See Georgia

### ALASKA

Kathleen 907-333-5248

### ARIZONA

Phoenix

Pat 480-396-9420

### ARKANSAS

Little Rock

Al & Lela 870-363-4368

### CALIFORNIA

Sacramento

Jocelyn 530-570-1862

San Francisco & North Bay

Charles 415-435-9618

San Francisco & South Bay

Eric 408-738-0469

East Bay Area

Judy 925-952-4853

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area

Floyd & Libby 626-357-2750

San Diego Area

Dee 760-439-4630

### COLORADO

Colorado Springs

Doris 719-488-9738

### CONNECTICUT

S. New England

Earl 203-329-8365 or

Paul 203-458-9173

### FLORIDA

Dade/Broward

Madeline 954-966-4FMS

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

### GEORGIA

Atlanta

Wallie & Jill 770-971-8917

### ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen 847-985-7693 or

Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

### INDIANA

Indiana Assn. for Responsible Mental  
Health Practices

Pat 260-489-9987

Helen 574-753-2779

### KANSAS

Wichita - Meeting as called

Pat 785-762-2825

### KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob 502-367-1838

### LOUISIANA

Sarah 337-235-7656

### MAINE

Rumford

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Wally & Bobby 207-878-9812

### MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank 978-263-9795

### MICHIGAN

Greater Detroit Area

Nancy 248-642-8077

Ann Arbor

Martha 734-439-4055

### MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

### MISSOURI

Kansas City - Meeting as called

Pat 785-738-4840

Springfield - Quarterly (4th Sat. of Apr.,

Jul., Oct., Jan.) @12:30pm

Tom 417-753-4878

Roxie 417-781-2058

### MONTANA

Lee & Avone 406-443-3189

### NEW HAMPSHIRE

Jean 207-367-5819

Mark 802-872-0847

### NEW JERSEY

Sally 609-927-4147 (Southern)

Nancy 973-729-1433 (Northern)

### NEW MEXICO

Albuquerque - 2nd Sat. (BI-MO) @1 pm

Southwest Room -Presbyterian Hospital

Maggie 505-662-7521(after 6:30pm) or

Sy 505-758-0726

### NEW YORK

Westchester, Rockland, etc.

Barbara 914-922-1737

Upstate/Albany Area

Elaine 518-399-5749

### NORTH CAROLINA

Susan 704-538-7202

### OHIO

Cleveland

Bob & Carole 440-356-4544

### OKLAHOMA

Oklahoma City

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

### OREGON

Portland area

Kathy 503-655-1587

### PENNSYLVANIA

Harrisburg

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

### Montrose

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

### TENNESSEE

Nashville

Kate 615-665-1160

### TEXAS

Houston

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-595-3945

### UTAH

Keith 801-467-0669

### VERMONT

Mark 802-872-0847

### WASHINGTON

See Oregon

### WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

### WYOMING

Alan & Lorinda 307-322-4170

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Lloyd 250-741-8941

Victoria & Vancouver Island

John 250-721-3219

### MANITOBA CANADA

Roma 204-275-5723

### ONTARIO, CANADA

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Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Burlington

Ken & Marina 905-637-6030

Waubushene

Paula 705-543-0318

### QUEBEC, CANADA

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FMS ASSOCIATION fax-972-2-625-9282

### NEW ZEALAND

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### SWEDEN

Ake Moller FAX 48-431-217-90

### UNITED KINGDOM

The British False Memory Society

Madeline 44-1225 868-682

Deadline for the Winter 2007 issue is August 1. Meeting notices **MUST** be in writing and should be sent no later than **two months before meeting.**

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**Do you have access to e-mail?** Send a message to

pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

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